## **Project WILD Workshop Roster**

Workshop Date: Workshop Location: Workshop Facilitator:	
Name: Email Address: My Organization: Phone:	Name: Email Address: My Organization: Phone:
Name: Email Address: My Organization: Phone:	Name: Email Address: My Organization: Phone:
Name: Email Address: My Organization: Phone:	Name: Email Address: My Organization: Phone:
Name: Email Address: My Organization: Phone:	Name: Email Address: My Organization: Phone:
Name: Email Address: My Organization: Phone:	Name: Email Address: My Organization: Phone:

Facilitators: Please make 2 copies of this completed form. Mail any checks you have received and copy 1 to MAEOE, 3970 Business U.S. 131,Ste. C # 119, Cadillac, MI 49601. Send copy 2 to Natalie Elkins, Office of Communications, Michigan Dept. of Natural Resources, 530 W. Allegan, Lansing, MI 48933 or FAX (517) 373-1547.